

QUALITY DEFICIENCY RECORD		1. DATE		2. REFERENCE NUMBER	
TO:			FROM:		
3. JOB ORDER		4. SHIP/HULL NUMBER		5. SPECIFICATION ITEM	
6. REFERENCE: MIL-SPEC/STANDARD		PAGE	LINE	PARAGRAPH	
DRAWING NUMBER		REV.			
PROCEDURE NUMBER		PARAGRAPH	PAGE		
OTHER (Specify)					
7. THE FOLLOWING DISCREPANCY(IES) REQUIRE CORRECTIVE ACTION AS TO <input type="checkbox"/> CORRECTION OF DEFECT <input type="checkbox"/> CORRECTION AS TO CAUSE:					
8. STATEMENT OF VIOLATION:					
9. CONTRACT REQUIREMENTS:					
10. DETAILS OF DISCREPANCY(IES):					
11. THIS DISCREPANCY WILL AFFECT PRODUCTION SCHEDULES <input type="checkbox"/> YES <input type="checkbox"/> NO					
12. IT IS REQUESTED THAT A REPLY AS TO CORRECTIVE ACTION TAKEN BE SUBMITTED WITHIN _____ DAYS OF THE ABOVE DATE. IN THE EVENT CORRECTIVE ACTION CANNOT BE FINALIZED BY THAT DATE, REQUEST DATE SAME WILL BE CONCLUDED. PAGE 2 OF THIS FORM MAY BE USED FOR YOUR REPLY. PLEASE REFER TO THE ABOVE REFERENCE NUMBER IF SEPARATE COMMUNICATION IS USED.					
_____ SIGNATURE OF REQUESTOR					

13. CONTRACTOR'S REPLY:

14. TYPED OR PRINTED NAME OF CONTRACTOR REPRESENTATIVE	15. SIGNATURE	16. DATE
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17. STATEMENT OF VERIFICATION AND EVALUATION OF CONTRACTOR'S ACTION (To be completed by Government Representative) :

CONTRACTOR'S REPLY:    ☐ SATISFACTORY    ☐ UNSATISFACTORY    ☐ SEE ATTACHED MEMORANDUM

18. GOVERNMENT REPRESENTATIVES COMMENTS:

19. TYPED OR PRINTED NAME OF GOVT. REP.	20. SIGNATURE	21. DATE
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22. STATEMENT OF FOLLOW-UP ACTION, WHEN NECESSARY